

State of Washington
Application for a Water Right Permit

☒ SURFACE WATER ☐ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)



Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Public Utility District No. 2 of Grant County, Washington (Grant PUD) And Public Utility District No. 2 of Chelan County, Washington (Chelan PUD)	Phone No: (509) 754-0500 (509) 663-8121	FAX No: (509) 793-1548 (509) 661-8126
Address: Grant PUD: PO Box 878 Chelan PUD: PO Box 1231		
City: Grant PUD: Ephrata Chelan PUD: Wenatchee	State: WA	Zip: Grant PUD: 98823 Chelan PUD: 98801
Email Address (optional):		

Contact Name (if different from above): Grant PUD: Ross Hendrick Chelan PUD: Waikele Frantz	Phone No: Grant PUD: (509) 754-5088 Ext. 2468 Chelan PUD: (509) 661-4627	FAX No: Grant PUD: (509) 793-1548 Chelan PUD: (509) 661-8203
Relationship to Applicant: Grant PUD: Employee Chelan PUD: Employee		
Address: Grant PUD: PO Box 878 Chelan PUD: PO Box 1231		
City: Grant PUD: Ephrata Chelan PUD: Wenatchee	State: WA	Zip: Grant PUD: 98823 Chelan PUD: 98801
Email Address (optional): Grant PUD: rhendr1@gcpud.org Chelan PUD: waikele.frantz@chelanpud.org		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Acclimation of Chinook salmon smolts.

Anticipated length of time to complete your project: 5 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Fish Acclimation	7.5		3,608	October 1 through May 31, annually.
TOTAL:	7.5			

For Ecology Use	APPLICATION NO: <u>54-33061</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>Cost Reimbursement</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>4.25.2012</u> By _____
		WRIA: <u>48, Okanogan</u>

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input checked="" type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: <u>Methow River</u>				Well diameter & depth: _____			
Tributary to: <u>Columbia River</u>				Number of proposed points of withdrawal: _____			
Number of proposed diversion points: <u>1</u>				Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.			
Well Tag ID No. _____							
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	¼	¼	Section	Township	Range	County	
5101140002	NW	SE	21	33N	22E	Okanogan	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: ____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and ____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section ____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another’s land? ☒ YES ☐ NO
Provide the owner name(s), address, and phone number: Chelan PUD – PO Box 1231, Wenatchee WA, 98801; 509-663-8121.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

See attached						
¼	¼	Section	Twp.	Range	County	Parcel No.
NW	SE	21	33 N	22 E	Okanogan	5101140002

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another’s land? ☒ YES* ☐ NO
Provide owner name(s), address, and phone number: Chelan PUD – PO Box 1231, Wenatchee WA, 98801; 509-663-8121.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO
If yes, provide the water right and/or claim numbers: S4-30055

For Ecology Use	APPLICATION NO: _____		SEPA: Exempt/Not Exempt	
	Fee Paid: _____	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____	By _____	Priority Date _____	By _____	WRIA: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map (See Attachment A).

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): There is currently an existing acclimation pond at this site, owned and operated by Chelan PUD for its spring (February through May) fish acclimation program; Grant PUD is proposing to build eight acclimation tanks on the site for its overwinter (October through May) fish acclimation program. The existing surface water supply to the facility is from the Methow River through a screened surface water pumped intake located on the right bank of the Methow River. The existing screen system consists of a pair of 30-inch diameter tee screens with a high pressure air backwash cleaning system. The screens have a total screened area of 163 ft². Surface water will be pumped to eight proposed acclimation tanks by installing a tee in the existing surface water supply pipeline to the existing rearing pond upstream of the pond distribution header, with a control valve to divert flow as required to the circular tanks. Individual flow control valves will also be provided at each tank. See Attachment A.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____ / ____ / ____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES
NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Supply water for fish acclimation ponds. _____

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Pateros, WA, follow Highway 153 west for 22 miles, turn left onto Twisp-Carlton Rd, follow for ~10 miles, then turn right on dirt road and follow to Carlton Pond Fish Acclimation Pond.

Site Address: 00820A Twisp-Carlton Rd, Twisp, WA 98856

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Grant PUD: Ross Hendrick
 Print Name
 (Applicant or authorized representative)

Signature

Date

Chelan PUD: STEVEN E. CURKAT
 Print Name
 (Applicant or authorized representative)

Signature

Date

Chelan PUD: Wailele Frantz
 Print Name
 (Landowner of Place of Use)
 Applicant or authorized representative

Signature

Date

Print Name
 (Landowner of Place of Use)

Signature

Date

Print Name
 (Landowner of Place of Use)

Signature

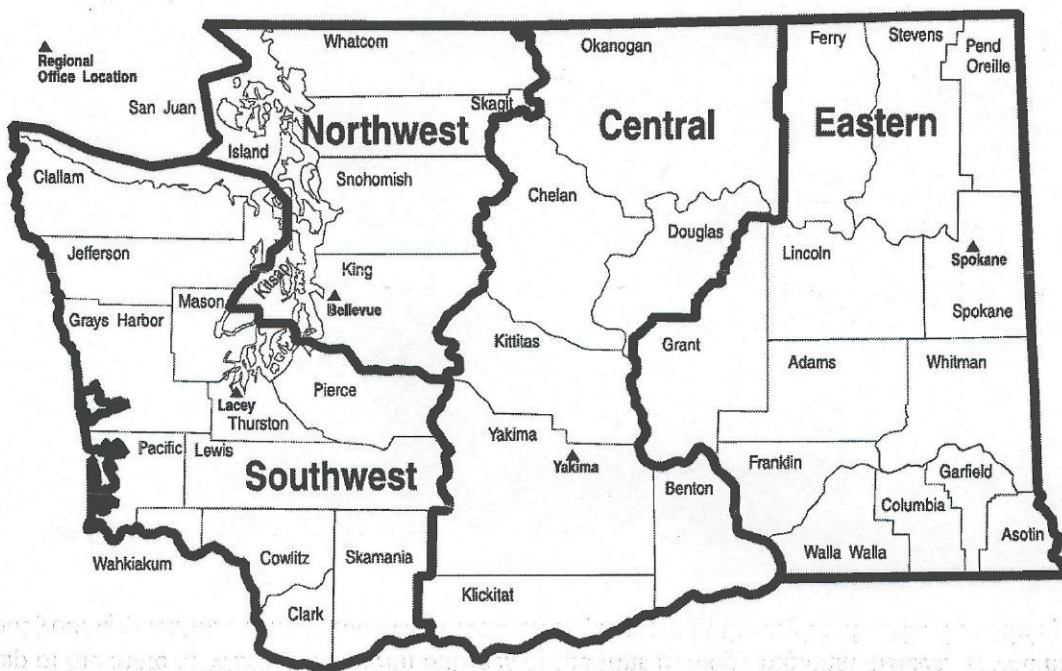
Date

Submit your application to: DEPARTMENT OF ECOLOGY
 CASHIERING SECTION
 PO BOX 47611
 OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490